

Case Number:	CM15-0060198		
Date Assigned:	04/06/2015	Date of Injury:	10/23/2013
Decision Date:	05/06/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/30/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54-year-old female, who sustained an industrial injury on 10/23/2013. She reported injury to the left wrist from a fall. The injured worker was diagnosed as having distal radius and ulna fractures with open reduction-internal fixation and removal of hardware and sub-acute thoraco-lumbar sprain. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. In progress note dated 12/17/2014 and 3/3/2015, the injured worker complains of low back and wrist pain. The treating physician is requesting outpatient comprehensive muscular activity profile.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Outpatient Comprehensive Muscular Activity Profile (CMAP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty Chapter, Comprehensive muscular activity profiler (CMAPPro_i ½).

Decision rationale: Regarding the request for CMAP, CA MTUS does not address the issue. ODG notes that the comprehensive muscular activity profiler is not recommend for routine use as part of patient rehab or screening. It may be used as part of a functional capacity evaluation (FCE), and FCEs are recommended in ODG only prior to admission to a Work Hardening (WH) Program. The Comprehensive Muscular Activity Profiler (CMAPPro) incorporates data acquisition hardware and software to help evaluate soft tissue injuries. The device captures and quantifies information regarding the interactivity of muscles and nerves while a patient is in motion. Surface electromyography, one of the technologies used by this device, is not recommended for the diagnosis of neuromuscular disorders. Within the documentation available for review, there is no indication for the use of this device given that it will not be utilized as part of an FCE. In light of the above issues, the currently requested CMAP is not medically necessary.